## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

indicated unless correct maintenance fee notifica	ed below or directed off	ng the Patent, advance of the patents of the Patent, advance of the patents of th	of recifying a new corres	naintenance fees will be spondence address; and	oe mailed to the current for (b) indicating a sepa	correspondence address as trate "FEE ADDRESS" for							
CURRENT CORRESPOND	ENCE ADDRESS (Note: Use Bi		Pan	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.  Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmital is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.									
VENABLE LL P.O. BOX 3438:	LP	GER 25	1 he Stat additran.										
		l Pro	<b>*</b>			(Depositor's name)							
		TENTAT	RADEALE		·	(Signature)							
						(Date)							
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ΑT	FORNEY DOCKET NO.	CONFIRMATION NO.							
10/806,131 03/23/2004 Larry W. Fullerton 28549-202289 2153 TITLE OF INVENTION: SYSTEM AND METHOD FOR INTRUSION DETECTION USING A TIME DOMAIN RADAR ARRAY													
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEI	TOTAL FEE(S) DUE	DATE DUE							
nonprovisional	YES	\$720	\$300	\$0	\$1020	02/29/2008							
EXAMINER		ART UNIT	CLASS-SUBCLASS										
SOTOMAYO	OR, JOHN B	3662	342-057000										
Address form PTO/SI  "Fee Address" ind	ondence address (or Cha B/122) attached. lication (or "Fee Address D2 or more recent) attach	nge of Correspondence	2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.										
PLEASE NOTE: Uni recordation as set fort (A) NAME OF ASSIG Time Doma	less an assignee is ident h in 37 CFR 3.11. Comp GNEE ain		(B) RESIDENCE: (CITY Huntsvill	atent. If an assignee is assignment. and STATE OR COUT by FU: 2591 e, Alabama: 1584	720.00 DA 300.00 DA	ocument has been filed for 220261 10896131							
4a. The following fee(s)	lo small entity discount p		4b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above)  ☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 22-0261 (enclose an extra copy of this form).										
NOTE: The Issue Fee and	s SMALL ENTITY statu	us. See 37 CFR 1.27.	b. Applicant is no long			R 1.27(g)(2). e assignee or other party in							
Authorized Signature Typed or printed nam	-	es Patent and Trademark	Onice.	Date	75/0	······							
This collection of inform an application. Confiden submitting the complete this form and/or suggesti Box 1450, Alexandria, V Alexandria, Virginia 223	d application form to the ions for reducing this but irginia 22313-1450. DC	FR 1.31). The informatic U.S.C. 22 and 37 CFR USPTO. Time will vary den, should be sent to the NOT SEND FEES OR (	on is required to obtain or re 1.14. This collection is esti- depending upon the indivi- e Chief Information Office COMPLETED FORMS TO	etain a benefit by the purimated to take 12 minutidual case. Any commer, U.S. Patent and Trado THIS ADDRESS. SE	blic which is to file (and es to complete, including nts on the amount of tin emark Office, U.S. Depa ND TO: Commissioner f	by the USPTO to process) g gathering, preparing, and the you require to complete riment of Commerce, P.O. or Patents, P.O. Box 1450,							

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PTO/SB/17 (07-06)
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Complete if Known

Effective of	on 12/08/2004.		L	Complete if Known								
Fees pursuant to the Consolidated	1818).	Application Num	ber 1	0/806,131-Conf. #2153								
FEE TRA	L	Filing Date M		March 23, 2004								
For F	L	First Named Inventor La		arry W. Fullerton								
- FOI F	—	Examiner Name	S	otomayor, John B.								
X Applicant claims small er		Art Unit	+	3662								
TOTAL AMOUNT OF PAYM	ENT (	\$) 1,020.00		Attomey Docket I	No. 2	8549-202289	)					
METHOD OF PAYMENT (check all that apply)												
Check Credit Card Money Order None Other (please identify):												
Deposit Account Deposit Account Number 22-0261 Deposit Account Name: Venable LLP												
For the above-identific	ed deposit a	ccount, the Dire	ctor is I	hereby authorize	d to: (check	( all that apply)						
X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee												
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17												
FEE CALCULATION												
1. BASIC FILING, SEARCH,	AND EXAM	INATION FEES										
		FEES	SEA	RCH FEES	EXAMIN	ATION FEES						
Application Type	Fee (\$)	Small Entity Fee (\$) F	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees I	Paid (\$)				
Utility	300	150	500	250	200	100						
Design	200	100	100	50	130	65						
Plant	200	100	300	150	160	80						
Reissue	300	150	500	250	600	300						
Provisional	200	100	0	0	0	0						
2. EXCESS CLAIM FEES								Small Entity				
Fee Description							Fee (\$)	Fee (\$)				
Each claim over 20 (including Reissues)								25				
Each independent claim over 3 (including Reissues)							200	100				
Multiple dependent claims							360	180				
Total Claims Extra Cl	aims Fe	e (\$)	Fee Pa	aid (\$)		Itiple Depende						
- 20 =	X	=	-		Fee	<u>(\$)</u>	Fee Paid (	<u>5)</u>				
HP = highest number of total claims			Ean D	aid (¢)				_				
Indep. Claims Extra Cl	X X	ee (\$) =	roura	aid (\$)								
HP = highest number of independe		for, if greater than 3.	j.									
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).												
	a Sheets			iditional 50 or frac (round up to a who		Fee (\$)	Fee	Paid (\$)				
- 100 = 4. OTHER FEE(S)	F008	Paid (\$)										
4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)												
Other (e.g., late filing sure		•		lication Fee			1,0	20.00				
SUBMITTED BY-												
Signature Signature	7	$\Rightarrow$		Registration No. (Attorney/Agent)	33,471	Telephone	(202) 34	4-4000				
Nama (Brint/Tuna)	Sahavi	$\overline{}$		siriežir išoraj		Date	February	25 2008				